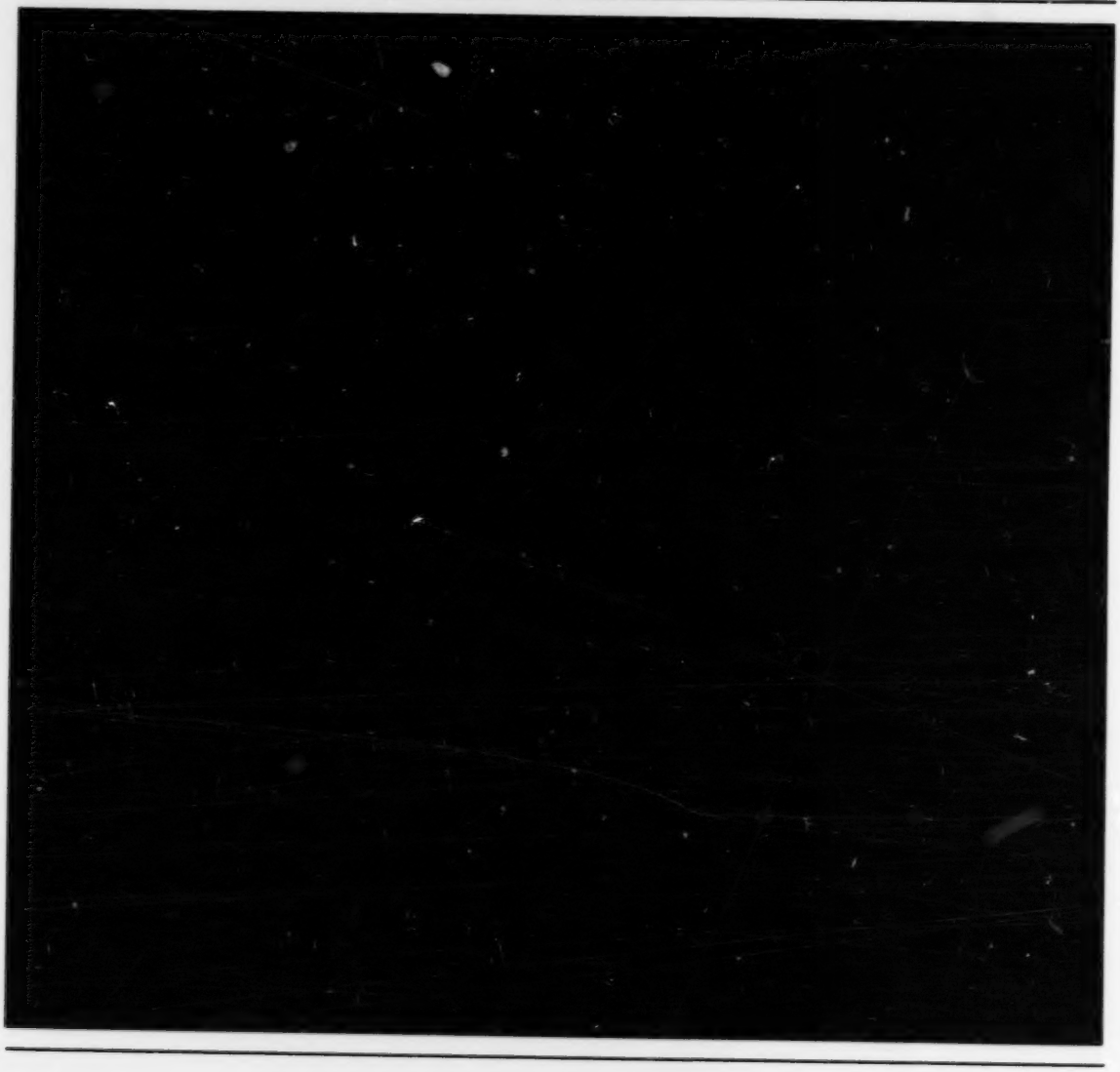

Coordination of
Child and Adolescent
Psychiatric Services
(CoCAPS)

**Manitoba**
**Health**
Child and
Adolescent
Mental Health
Services

Manitoba

Health

Mental Health Division

Room 305
1200 Portage Avenue
Winnipeg, Manitoba, CANADA
R3G 0T5

August, 1990

**CHILD AND ADOLESCENT PSYCHIATRIC SERVICES RESOURCE INVENTORY**

**Introduction**

The Child and Adolescent Psychiatric Services Resource Inventory was developed by the Coordination of Child and Adolescent Psychiatric Services (Co-CAPS) committee and Child and Adolescent Mental Health Services (C/AMHS), Department of Health, in order to provide a compilation of psychiatric services for children and adolescents in Manitoba.

The services described in this Inventory are the designated psychiatric services available, and are intended for children, adolescents, and their families, who are in need of psychiatric assistance. This Inventory is not to be considered as a comprehensive list of services available to children/adolescent/ families. This Inventory only describes a component of the mental health services available.

The goals of gathering this information and distributing to the professional user of these services are:

1) Increase the user's knowledge of existing services

2) Encourage appropriate access to these services

Co-CAPS and C/AMHS has attempted to ensure that the information contained in this Inventory is accurate. However, with the changes in the availability of resources, and the demands on these services, changes to the information in this Inventory are inevitable. Changes will be made from time to time in an attempt to keep the information as current as possible.

This is the second edition of the Inventory.

Because of high demands on these programmes waiting times to access these services vary.

An Index of these services (intended for public distribution) is also available from C/AMHS.

The second edition now contains the Inventory of Child and Adolescent Mental Health Research in Manitoba. This is the first edition of the research inventory and was compiled by the Research Committee of Co-CAPS.

**Mental Health Division**
**Co-ordination of Child and Adolescent Psychiatric Services**

**CHILD AND ADOLESCENT PSYCHIATRIC SERVICES RESOURCE INVENTORY**

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**THE INVENTORY OF CHILD AND ADOLESCENT MENTAL HEALTH RESEARCH**

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# BRANDON MENTAL HEALTH CENTRE CHILD AND ADOLESCENT PROGRAMME INVENTORY OF SERVICES

Psychiatric, psychological, social and educational assessment and treatment in an outpatient clinic, a day school, a day treatment programme and in-hospital treatment for severely disturbed children and adolescents.

1.0 Programme Name:

A) ADOLESCENT DAY TREATMENT PROGRAMME

2.0 Programme Description:

2.1 General description:
Structured multi-faceted day treatment programme which operates 5 days, and 2 evenings per week.

2.2 Goals/intent of programme:

Designed to meet the emotional, behavioural and adjustment needs of adolescents who are experiencing severe disturbance. The programme uses an eclectic and holistic approach focusing on educational, individual, small group and family interventions.

2.3 Number of patient/client positions (capacity of programme):

Maximum of 11 (8 full-time placements;
3 transition)

2.4 Number of staff positions by discipline:

| | |
|---|---|
| CMHW(C/A)/Nurse/Co-ordinator | 1 EFT |
| RPN | 2 EFT |
| Other disciplines provide service on as need basis. | |

2.5 Average length of patient/client stay:

5.3 Months

3.0 Population Served:

3.1 Total cases per year:

1988 - 26 cases

3.2 Age group of patient/client:

12 - 17 years (average age 14 years)

3.3 Most frequent diagnoses/psychopathologies treated:

Affective Disorder
Family Dysfunction
Conduct Disorder
Post Traumatic Stress
Adjustment Disorder
Anxiety Disorders
Eating Disorders

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

Name: Lynda Stiles
Address: Box 420
Brandon, Manitoba
R7A 5Z5
Phone number: 726-2625

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Referrals are to be made in writing and should include:

a) Demographic data
b) Previous/current agency involvement
c) Family/social history
d) Commitment of adolescent and guardian

4.2.2 Description of intake process:

Initial screening of referral is made by Co-ordinator of Day Treatment Programme. The referral is then given date to attend Intake Conference. Acceptance is decided upon and prioritized at that time.

4.2.3 Programme admission/exclusion criteria:

Any psychiatric disorder or pathology may be referred. Programme does not accommodate the mentally handicapped, acute problems or the severely physically handicapped. Only a maximum of 30% of any one diagnosis will be accepted into the programme at any given time. The content of the therapeutic

milieu is also a consideration for admission.

4.2.4 Average waiting time from time of intake to first direct contact:

Within 3 weeks.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Waiting period is approximately 1 month.

1.0 Programme Name:

B) CHILD AND ADOLESCENT OUTPATIENT DEPARTMENT

2.0 Programme Description:

2.1 General description:

To provide outpatient mental health services to children and their families in the Westman region with consultation to,and support of, existing community based services (eg. Brandon School Division, Child and Family Services) and inpatient programmes, (eg. Behaviour Therapy Unit and Admission Unit), and the Adolescent Day Treatment Programme.

2.2 Goals/intent of programme:

1) To establish a fluidly operating multi-disciplinary mental health delivery system for children;

2) To facilitate development of effective community networking to promote an integrated service delivery system for children;

3) To establish a sufficient staffing base to provide comprehensive services for children;

4) To develop multidisciplinary group programmes;

5) To develop computerized systems of data management;

6) To promote staff development with attention to the needs of our area;

7) To promote joint research projects between Adolescent Programme, Brandon School Division and Brandon University.

2.3 Number of patient/client positions (capacity of programme):

During 1988 488 clients were seen.

2.4 Number of staff positions by discipline:

| | |
|---|---|
| CMHW (C/A) | 2.9 |
| Psychiatrist | 0 (avail. for admissions & on call) |
| Psychologists | Part-time |
| Social Worker | Part-time |

2.5 Average length of patient/client stay:

Estimated to be 6 - 8 months for average case.
Estimated to be 1 - 5 years for Attention Deficit Disorder cases.

3.0 Population Served:

3.1 Total cases per year:

Approximately 250 per year.

3.2 Age group of patient/client:

0 -17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Attention Deficit Disorder
Parent-Child Problems
Depression
Adjustment Disorder
Anxiety based Disorders
Conduct Disorders
Academic Problems
Enuresis/Encopresis
Eating Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Designated Intake Worker
Address: Brandon Mental Health Centre
Box 420
Brandon, Manitoba
R7A 5Z5
Phone number: 726-2593

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Brief medical history and history of presenting problems.

4.2.2 Description of intake process:

Referrals are accepted for assessment and/or further investigation from any community resource (i.e. teacher, physician) or parent/guardian.

4.2.3 Programme admission/exclusion criteria:

Exclusion Criteria:

As a result of staffing reduction by attrition, and no corresponding reduction in referrals, it was deemed important to review service priorities in order to ensure service to those most in need of it. Utilization of other agencies as a first line resource should be explored in all cases, ie. Brandon School Division, Child and Family Services.

In all cases, referrals will receive at minimum a follow-up phone call: in Category I and II for more clarification and appropriate assignment of worker/case manager; in Category III for clarification, and referral to a more appropriate service.

Category I: Top priority will be given:

- clients who exhibit psychiatric dysfunction as outlined in DSM-III-R, using Axis I and II with the exception of Mental Retardation. Specific examples include significant disorders of mood, significant features of anxiety, disturbance of thought processes and cognitive functioning, illness of a serious nature that impairs daily functioning and needs ongoing assistance with daily living.

- Brandon Mental Health Centre adolescent inpatients upon discharge, if referral is made.
- Day Treatment Program clients upon referral.
- Former Child/Adolescent Out-patient clients experiencing psychiatric distress.
- Intake (crisis assessments, admission).

Category II:

Considered on a case by case basis. These cases are generally less severe in nature. They were considered according to: severity, availability of specialized service, and existing caseload size. Examples are found in DSM-III-R as V Codes.

Category III:

These cases are not considered by this service. Examples: home studies for custody suits, mental retardation, kindergarten readiness, court ordered assessment, testing for other agencies where there are existing resources.

4.2.4 Average waiting time from time of intake to first direct contact is based on case prioritization: For Example:

Category I cases have a waiting list of approximately 2 weeks.
Category II - 2 - 4 months
Category III - 4 months or more

* some subsumed under Family Therapy

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Treatment is intertwined with assessment phase and visa versa. An assessment may be completed within recommendations for treatment via community agencies, etc. Referrals, thereby, would be forwarded, following assessment completion.

1.0 Programme Name:

C) BEHAVIOR THERAPY UNIT (WARD 4 WEST)

2.0 Programme description:

2.1 General Description:

As there is no inpatient unit specifically dedicated for the child and adolescent age group, all persons under 18 years of age are currently admitted to Ward 4 West (Behavior Therapy Unit). This unit also includes adult patients who are referred for specific treatment programs.

2.2 Goals/Intent of programme:

the unit is intended as a short to intermediate length of stay treatment unit, designed primarily to provide a specialized form of psychosocial intervention which is complimentary to, but different from, the conventional medical model of psychiatric treatment. For adolescents, the goal is to provide both assessment and treatment services for them and their families.

2.3 Number of patient/client positions (capacity of programme):

There is no set capacity of adolescent beds on this 30 bed unit.

2.4 Number of staff positions by discipline:

Staff available on the inpatient service include:

| | | |
|---|---|---|
| Physician | 1.00 | |
| Psychologists | 1.50 | |
| Social Worker | .05 | |
| Nursing | 15.00 | (includes one CMHW (A) |

2.5 Average length of patient/client stay:

The average length of patient stay has been 40 days. After discharge, some patients are follow-up by psychology or social work, but the majority are referred to the outpatient services at B.M.H.C.

3.0 Population Served:

3.1 Total cases per year:

Has averaged 45 per year in each of the past 2 years.

3.2 Age group of patient/client:

12 - 17 years

3.3 Most frequent diagnoses/psychopathologies treated:

Conduct Disorder
Adjustment Disorder
Depression
Anxiety based Disorders
Attention Deficit Disorder
Substance Abuse
Eating Disorders
Psychosis

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

Name: Bryan Gusdal (Psychology Department)

Phone Number: 726-2651

Name: Dr. K. El Rifi (Medicine)
Phone Number: 726-2596

Address: Box 420
Brandon, Manitoba
R7A 5Z5

4.2 Intake process:

4.2.1 Information required from referral source at time of intake:

No special information is required.

4.2.2 Description of intake process:

All adolescents are admitted to Ward 4 West. A legal guardian is generally required to be available to sign the Voluntary admission forms.

4.2.3 Programme admission/exclusion criteria:

Ages younger than 12 generally not appropriate. Forensic issues are not considered appropriate. A clear degree of risk which warrants admission should be readily apparent.

4.2.4 Average waiting time from time of intake to first direct contact:

There is no waiting period.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Treatment begins as soon as possible following admission, some components running concurrent with assessment.

# CHILD/ADOLESCENT MENTAL HEALTH SERVICES
# MENTAL HEALTH DIVISION, DEPARTMENT OF HEALTH
# INVENTORY OF SERVICES

1.0 Programme Name:

A) CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

2.0 Programme Description:

2.1 General description:

Regionally based identification, assessment, treatment and crisis services in rural Manitoba for psychiatrically disturbed children and adolescents and their families. Consultation to schools, agencies, regional mental health teams on the psychiatric needs of children/adolescents and their families. Training and public education for children's mental health.

2.2 Goals/intent of programme:

The mandate of the program is to provide comprehensive mental health services to psychiatrically disturbed children and adolescents and their families, as close to the community of origin as possible.

2.3 Number of patient/client positions (capacity of programme):

No set capacity, based on a prioritization of existing caseloads and referrals.

2.4 Number of staff positions by discipline:

11 Community Mental Health Worker (Child/Adolescent) positions distributed in rural/northern Manitoba.

2.5 Average length of patient/client stay:

Worker involvement may vary from brief consultation to long-term therapy and case management.

3.0 Population Served:

3.1 Total cases per year:

Varies from 900 to 1200

3.2 Age group of patient/client:

0 to 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

| Diagnosis | Number (Exact) | | |
|---|---|---|---|
| | 1984 | 1985 | 86/87 |
| Conduct Disorder | 113 | 150 | 87 |
| Affective Disorders | 163 | 135 | 62 |
| Family Problems | 57 | 123 | 23 |
| Parent/Child Problem | 81 | 114 | 188 |
| Suicidal | 87 | 87 | 58 |
| Abuse | 54 | 67 | 43 |
| Anxiety related | 55 | 63 | 31 |
| Adjustment Disorder | 40 | 59 | 52 |
| Oppositional Disorder | 32 | 45 | 25 |

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

Provincial Psychiatrist for Children and Adolescents
Dr. Ken Webster
Room 301, 1200 Portage Ave.
WINNIPEG, MANITOBA
R3G 0T5
945-4615

Central (North)
Barry DYER
25 Tupper St. N.
PORTAGE LA PRAIRIE, MB
R1N 3K1
857-9711

Central (South)
Ron LAVERTY
Box 968
MORDEN, MB
R0G 1J0
325-8692

Eastman (North)
Dennis ADAMS
Box 50
BEAUSEJOUR, MB

ROE OCO
268-1411

Eastman (South)
Laureen RAGOT
Box 2560
STEINBACH, MB

R0A 2A0
326-1363

Interlake (East)
Randall KLAPRAT
446 Main St.
SELKIRK, MB
R1A 1V7
482-4511

Interlake (West)
Carol OJAH
Box 280
STONEWALL, MB
R0C 2Z0
467-5535

Norman (The Pas)
Dan HARRIS
Box 2550
THE PAS, MB
R9A 1M4
623-6411

Norman (Flin Flon)
Sandra McKELVEY
Box 550,Church St.
FLIN FLON, MB
R8A 1N4
687-3457

Parklands (North)

Roblin Health Unit
ROBLIN, MB
R0l 1P0
937-2151

Parklands (South)
Larry KOWAL
707 3rd St. S.W.
DAUPHIN, MB
R7N 1R8
638-8785

Thompson
Wendy ROBILLARD
871 Thompson Dr.
THOMPSON, MB
R8N OC8
677-6570

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Name(s) of parent/guardian, date of birth, and description of presenting problem(s).

4.2.2 Description of intake process :

Referral/intake process varies from region to region. Referrals are made either directly to the CMHW (C/A) or to the Mental Health Team for a central intake.

4.2.3 Programme admission/exclusion criteria:

Any psychiatric disorder or pathology may be referred. Referrals may be prioritized according to severity of illness/diagnosis.

4.2.4 Average waiting time from time of intake to first direct contact:

Varies from region to region and depends on priority of case.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Usually no waiting period, as the assessment and treatment is usually done by the same worker.

1.0 Programme Name:

B) ACUTE TREATMENT AND CONSULTATION TEAM

2.0 Program Description:

2.1 General description:

The Acute Treatment and Consultation Team (ATCT) provides assessment, and brief treatment to those children and adolescents who are defined by themselves, their families, or their extended support systems as being in acute social-emotional distress. Consultation services are part of the continuum of services provided to families and to extended support services during these times of acute distress. ATCT is a multi-disciplinary team which serves the mental health needs of children and adolescents (0-18 years) within the Greater Winnipeg area.

2.2 Goals and Objectives of programme:

1. provide services which respond to gaps within the present continuum of child and adolescent mental health care services.

2. provide assessment and brief treatment to children/adolescents and their families who are experiencing acute social-emotional distress, and/or consultation to their support systems.

3. provide easily accessible service to children/adolescents, their families and thier support systems within an appropriate therapeutic milieu as close to the client's community environment as possible.

4. engage in ongoing research and evaluation into the changing needs of children/adolescents and their families, and how the child and adolescent mental health service delivery continuum can best respond to these needs.

2.3 Number of patient/client positions (capacity of programme):

At any given time, the programme should be able to service approximately 28 clients.

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Psychology | 1.0 |
| Social Work | 2.0 |
| Occupational Therapy | 1.0 |
| Psychiatry | Consulting |

2.5 Average length of patient/client stay:

Client contact is brief, ranging from 1 contact to 10 sessions.

3.0 Population Served:

3.1 Total cases per year:

It is estimated that the programme will be able to service approximately 400 clients per year.

3.2 Age group of patient/client:

Clients include children and adolescents, ages 0-18, and their families.

3.3 Most frequent diagnoses/psychopathologies treated:

At this point, it is unclear which will prove to be the most frequent diagnoses treated.

4.0 Referral Process:

4.1 Contact person (intake worker or equivalent):

| | |
|---|---|
| Name: | Receptionist |
| Address: | 301-1200 Portage Avenue<br>Winnipeg, Manitoba |
| Phone Number: | 945-0669 |

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Child and family identifying data base; presenting problem; agency involvement; information regarding urgency of situation.

4.2.2 Intake process begins with initial information taken by receptionist at time of first contact. Follow-up phone call is made by intake worker within 24-72 hours. Completed information profile is discussed at multi-disciplinary team meeting within 3 days. Disposition is determined and client is offered an appointment based upon urgency of the presenting problem.

4.2.3 Programme admission/exclusion criteria:

Situations involving children and adolescents in acute social-emotional distress prioritized for service.

4.2.4 Average waiting time from time of intake to first direct contact:

First telephone contact is made within 24-72 hours. First appointment time is determined by urgency of presenting problem. The time period generally ranges from one day to one week.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Treatment follows immediately upon completion of assessment.

5.0 Source of Referrals:

Self-referrals
Hospitals
Child Guidance Clinic, Educational Support Services
Child and Family Services
Group Homes
Manitoba Youth Centre
Self-help, Community
Day Care Centres
Pediatricians

PROMOTION AND PREVENTION, MENTAL HEALTH DIVISION
DEPARTMENT OF HEALTH

1.0 Programme Name:

C) YOUTH SUICIDE INFORMATION CENTER (YSIC)

2.0 Programme Description:

2.1 General Description:

Youth Suicide Information Center is a provincial programme based in Winnipeg. It's focus is to work with government and community groups to help coordinate/develop more effective responses to the problem of youth suicide. YSIC is a provincial resource that provides information and public educationn, encourages local resource development, and assists in program development research. As an educational and resource development programme, YSIC does not provide direct therapy services for suicidal youth.

2.2 Goals/intent of programme:

To reduce the incidence and/oreffects of youth suicide through:

1) Education and training - of the public and professionals on risk factors and indicators associationed with suicide and suicide attempts. Assist in the development of training programmes for those in contact with high risk youth.

2) Rsource Development - to assist regions to identify existing resources and service gaps. To work with regions (communities) to develop resources OR
to assist communities to develop early identification, prevention, intervention and postvention services.

3) Research and Policy Development - to assist in developing and conducting research which looks at issues related to youth suicide, and to suggest policy based on research.

2.3 Number of patient/client positions (capacity of programme):

N/A

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Psychologist | 1 |
| Program Specialist | 1 |

2.5 Average length of patient/client stay:

N/A

3.0 Population served:

3.1 Total cases per year:

In the first eight months of operation, 43 presentations were made to a total of just over 1,200 persons.

3.2 Age group of patient/client:

Programme address the issue of suicide in the 0-18 age group but provides services through education and resource development to all ages.

3.3 Ten most frequent diagnosis/psychopathologies treated:

N/A - programme is not a treatment programme Youth suicide and related issues are areas addressed.

4.0 Referral process:

4.1 Contact:

| | |
|---|---|
| Name: | Youth Suicide Information Centre |
| Address: | 305-1200 Portage Avenue<br>Winnipeg, Manitoba<br>R3G 0T5 |
| Phone Number: | 945-5085/945-5086 |

4.2 Intake process:

4.2.1 Information required from referral source at time of intake:

Name, address, contact person of agency of group. Nature of service requested. If request for presentation - length, focus and location as well as projected audiance.

4.2.2 Information in 4.2.1 will be provided to programme personnel. Referral source and programme personnel will negotiate the most effective means of addressing the request.

4.2.3 Programme admission/exclusion criteria:

Programme focus is on the issue of youth suicide. Programme will assist with education and resource development in youth suicide and related areas such as the formation of school-based crisis teams.

4.2.4 Average waiting time from time of intake to first direct contact:

N/A

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

N/A

## CHILDREN'S FORENSIC INVENTORY OF SERVICES

1.0 Programme Name:

CHILDREN'S FORENSIC SERVICES

2.0 Programme Description:

2.1 General description:

Children's Forensic Services is responsible for the provision of consultations and assessments to the Youth Court, Probation Services, Aggasiz Centre for Youth and the Manitoba Youth Centre. Additional responsibilities may include the provision of treatment for the youth detained at the Manitoba Youth Centre.

2.2 Goals/intent of programme:

To assist the Youth Court and Youth Correctional System in assessing and assisting young offenders.

2.3 Number of patient/client positions (capacity of programme):

126 consultations were provided to Probation Services and the Youth Court.
244 consultations were provided to other services.

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Senior Psychiatric Consultant | 0.5 |
| Psychiatrists | 0.75 |
| Psychologist | 1.0 |

2.5 Average length of patient/client stay:

3.0 Population Served:

3.1 Total cases per year:

370 consultations

3.2 Age group of patient/client:

12 - 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Conduct Disorders
Organic Disorders
Substance Abuse
Psychosis
Adjustment Disorders
Depressive Neurosis
Borderline Personality Disorders
Learning Disabilities
Intellectual Deficits

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Senior Psychiatric Consultant
Address: 170 Doncaster St.
Winnipeg, Manitoba
R3N 1W4
Phone number: 945-8180

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Court protocol dictates the information required. Referrals coming from Probation or M.Y.C. or A.C.F.Y. require as much information as is available.

4.2.2 Description of intake process:

Referral information is initially screened by intake secretary and Senior Psychiatric Consultant to verify it's adequacy. Appropriate referrals are assigned to the appropriate clinicians.

4.2.3 Programme admission/exclusion criteria:

Referrals can only come from the court, Probation, M.Y.C., or A.C.F.Y.

4.2.4 Average waiting time from time of intake to first direct contact:

Determined by Court order.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

## EDUCATIONALLY BASED RESOURCES

1.0 Programme Name:

A) CHILD GUIDANCE CLINIC OF GREATER WINNIPEG (PSYCHIATRIC COMPONENT)

2.0 Programme Description:

2.1 General description:

An out-patient service is available to students of the nine Greater Winnipeg School Divisions during the school term, which is funded by the Department of Education. Psychiatric services are provided for programme, agency and client centered consultation by the Department of Health, throughout the year. There is no provision for emergency treatment. The clinic operates from 8 A.M. to 4 P.M., Monday to Friday, when schools are in operation. Individual clinicians operate outside these times.

2.2 Goals/intent of programme:

The goals are to provide multidisciplinary clinical support services for children with special needs to school systems. This is accomplished by providing preventative, consultative, diagnostic, and direct treatment.

2.3 Number of patient/client positions (capacity of programme):

The programme capacity varies from area to area, dependent upon the number and profession of the clinical staff. Clinician to pupil ratios range from 1:459 (Winnipeg School Division #1) to 1:1009 (Assiniboine South). Caseloads range from 40 to 150, with the average being from 65 to 70 per clinician. One third of these cases are deemed intensive, but it is not always possible for these needs to be met fully. Psychiatric caseloads vary dependent upon clinical hours available and area consultative requirements.

2.4 Number of staff positions by discipline:

| | | |
|---|---|---|
| Speech and Hearing | 48.60 | |
| Social Workers | 43.75 | |
| Psychologists | 43.75 | |
| Reading | 20.50 | |
| Psychiatry | 5.0 | (EFT) |
| Attendance Officers | 3.0 | |

2.5 Average length of patient/client stay:

Contact with patients ranges from a single consultation to long-term follow-up of many years. Usual contact is an assessment followed by brief therapy or monitoring of medications.

3.0 Population Served:

3.1 Total cases per year:

Total cases per year clinic wide - 11,358 (85-86)
New intake cases - approximately 5000/year
Psychiatric direct service varies from approximately 350 to 450 cases per year.

3.2 Age group of patient/client:

| | |
|---|---|
| Under 7 | 41% |
| 8 to 11 | 33% |
| 12 to 15 | 16% |
| 16 and over | 40% |

3.3 Ten most frequent diagnoses/psychopathologies treated:

Referral frequency by diagnosis at the clinic level are:

| | |
|---|---|
| Behaviour | 24% |
| Learning | 23% |
| Family | 18% |
| Speech and Hearing | 16% |
| Placement (academic) | 9% |
| Medical | 4% |
| Visual/handicap | 2% |

The psychiatric diagnostic frequency is estimated as:

| | |
|---|---|
| Attention Deficit Disorder | 40% |
| Conduct Disorder | 20% |
| Affective Disorder | 15% |
| Learning Disability | <15% |
| Suicidal Assessment | <15% |
| Anxiety Neurosis | <15% |
| Dysfunctional Milieu | <15% |
| Psychosis | <5% |
| Intellectual Deficits | <5% |

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Area Service Director (state the school)
Address: 700 Elgin Ave., Winnipeg, R3E 1B2
Phone: 786-7841

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Child and family identifying data base; reason for referral (descriptive); remedial action of school personnel; results of parental contact; parental permission; assistance expected; school record (academic and behaviour as appropriate); previous schools; standardized test results; referrals, medical uniqueness; family physician and other agencies involved.

4.2.2 Description of intake process:

Intake process begins with clarification and prioritization of the referral by the referral clerk and Area Service Director; assignment of a case manager at the multidisciplinary team meeting; assessment and intervention as soon as possible by the most appropriate clinician.

4.2.3 Programme admission/exclusion criteria:

Referral to Psychiatry occurs for cases in which there is a suspected organic or psychiatric etiology for the disturbance of academic, behavioural, social, or personal growth and difficulties in the maintenance of a normal appropriate mental state or adaptive capacity.

4.2.4 Average waiting time from time of intake to first direct contact:

The normal period of time between the initial referral and clinical contact is under 4 weeks in 25% of the cases and the majority are in 4 to 6 weeks (except in urgent cases in which contact is immediate). The usual waiting time for psychiatric intervention from the CGC clinician's request ranges from 1 to 4 weeks depending upon the case priorities at that time.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Treatment begins immediately upon completion of assessment, if caseloads demands allow.

5.0 Source of Referrals:

| | |
|---|---|
| Teachers | 54% |
| Principals and Counsellors | 23% |
| Other Agencies | 9% |
| Parents | 7% |
| CGC Personnel | 4% |
| Medical | 2% |
| Self-Referral | 1% |

## EDUCATIONAL SUPPORT SERVICES

## ST. JAMES-ASSINIBOIA SCHOOL DIVISION NO.2

1.0 Programme Name:

B) EDUCATIONAL SUPPORT SERVICES

2.0 Programme Description:

2.1 General Description:

School-based clinical service operated by the St. James-Assiniboia School Division. Attempts to assist teachers and parents with children in the Division who have learning, social or emotional problems. Assessment and treatment is carried out in consultation with family, school staff and other professionals. Services are provided by school psychologists, social workers, speech and hearing clinicians, pysiotherapist, Learning Centre staff and a psychiatrist on a part-time basis.

Written referrals are accepted from parents, school personnel, other professionals and community agencies.

2.2 Goals and Objectives:

The general objectives of ESS are:

1) to provide clinical services that meet the needs of children and families within the division;

2) to help the teaching staff provide a positive learning environment for children;

3) to achieve early identification and assistance for children with social, emotional and other learning problems;

4) to promote awareness among school staff, other professionals, and parents of the problems experienced by children with learning, social and emotional difficulties through inservices, consultation and special programmes;

5) to cooperate with local groups, agencies and organizations in establishing a community-based service which develops and uses local resources;

6) to promote preventative mental health and educational programmes within the community.

2.3 Capacity of programme:

Caseloads vary depending on school locations and specific disciplines. the average student/clinician ratio in 1987-88 was 595:1.

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Speech and Language | 5.2 |
| Psychologists | 6.0 |
| Social Workers | 5.0 |
| Physiotherapy | .5 |
| Learning Centre | 1.5 |
| Psychiatry | .5 |

2.5 Average length of patient/client stay:

Contact with clients varies from a single consultation to long term on-going treatment. Usual contact is an initial assessment followed by recommendations and brief therapy.

3.0 Population Served:

3.1 Total cases per year:

Educational Support Services served 1,596 students during the 1987-88 school year.

By discipline, the following numbers of students were seen:

| | |
|---|---|
| Speech and Language | 778 |
| Psychology | 739 |
| Social Work | 525 |
| Learning Centre | 80 |
| Psychiatry | 40 |
| Physiotherapy | 36 |

3.2 Age group of patient/clients:

E.S.S. accepts referrals on any student attending school in the St. James-Assiniboia School Division No. 2.

3.3 Most frequent diagnosis:

Cases referred deal with: behavioral issues, learning problems, family issues, speech and language, academic placements, and assistance with programming for special needs students.

4.0 Referral Process:

4.1 Contact:

Directly through school support personnel (guidance counsellor, resource teacher, administration) or directly by contacting:

Educational Support Services
1 Braintree Crescent
Winnipeg, Manitoba
R3J 1C7
Phone Number: 885-1334

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

a) Child and family identifying information
b) Reason for referral
c) Academic information
d) Family information
e) Medical information
f) Action taken by school personnel

The signature of the parent or guardian is necessary if the child is under age 18.

4.2.2 Description of intake process:

Referral forms are sent to the unit offices for presentations at the Day 1 Unit meetings.

After an initial review, cases are assigned to the most appropriate clinician. In the event that more than one clinician is opened on the case, a case manager will be assigned.

Cases must be opened to clinicians prior to a referral to psychiatry.

4.2.3 Programme admission/exclusion criteria:

All students are eligible for service. Due to caseload demands, referrals to E.S.S. are sometimes limited to students experiencing school difficulties.

4.2.4 Average waiting time:

In most cases, clients are seen within a week or two after the referral process has been completed. Initial contact may be delayed up to 4 weeks if a heavy caseload exists in a school.

Psychiatric service may be backlogged 1 - 2 months.

Emergency services are used for crisis situations.

5.0 Source of referrals:

Teachers
Principals
Resource Teachers/Guidance Counsellors
Other Clinicians
Parents
Other Agencies
Medical Personnel
Self-Referral

## EDEN MENTAL HEALTH CENTRE
## INVENTORY OF CHILDREN'S SERVICES

1.0 Programme Name:

EDEN MENTAL HEALTH SERVICES

2.0 Programme Description:

2.1 General description:

A wide range of inpatient and outpatient mental health services are provided including assessment and therapy for children, adolescents and their families.

2.2 Goals/intent of programme:

To provide comprehensive mental health services for adults and to also provide mental health services to children and adolescents to the degree that resources allow. The goal is to provide both direct services to children and their families as well as to provide consultation services for others who work with children in the schools and community.

2.3 Number of patient/client positions (capacity of programme):

Facilities for inpatient assessment and care of children are not available. A small number of older adolescents have been treated in the adult inpatient unit. There is no set capacity regarding the number of children and adolescent outpatients.

2.4 Number of staff positions by discipline:

One psychologist was recently assigned on a 0.5 basis to provide services for children and adolescents. In addition, to other outpatient and community mental health staff of Eden Mental Health Centre (including psychiatric, psychology and social work staff) have children and adolescents within their caseloads.

2.5 Average length of patient/client stay:

N/A

3.0 Population Served:

3.1 Total cases per year:

3.2 Age group of patient/client:

All ages

3.3 Ten most frequent diagnoses/psychopathologies treated:

Among 0-18 year olds, the most frequent problems were:

Anxiety disorders
Adolescent adjustment disorders
Eating disorders
Sexual abuse victims
Depression
Schizophrenia
Family problems
Conduct disorder

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Regarding children contact:

Name: Mr. Guido Faralli
Address: Eden Mental Health Centre
Box 1300
Winkler, Manitoba
R0G 2X0
Phone number: 325-4325

Families may also contact the relevant community mental health social workers:

| Morden | Winkler | Altona |
|---|---|---|
| Heather Corbett | Carolyn Peters | Daphne Andrew Peers |
| Ph: 822-5425 | or Walter Wiebe | Ph: 324-8449 |
| or 325-4325 | Ph: 325-4325 | or 325-4325 |

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Whatever relevant information is available, for example:

Name, date of birth, name(s) of parent/guardian, description of presenting problem, previous assessments and interventions. It is helpful to receive information in written form.

4.2.2 Description of intake process:

Arrangements for an initial appointment can be made in response to a phone call or letter from the parents, an older adolescent for himself, the school, physician or other care giver. The letter (of referral) should be sent if the referring source wants written feedback.

4.2.3 Programme admission/exclusion criteria:

Any mental health related problem may be referred.

4.2.4 Average waiting time from time of referral to first direct contact:

This could vary from several days to several weeks. If the referral is to a psychiatrist, it cold be several months. (Note: referrals to a psychiatrist would have to be made by a medical doctor).

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Usually no waiting period, since the assessment and treatment are usually done by the same worker.

## HEALTH SCIENCES CENTRE INVENTORY OF SERVICES

### I. CHILD AND ADOLESCENT PSYCHIATRY

1.0 Programme Name:

A) FW3 CRISIS AND COMMUNITY INTERVENTION UNIT

2.0 Programme Description:

2.1 General description:

FW3 is a crisis intervention unit that backs the Emergency Department of Children's Hospital. FW3 consists of two components: an inpatient unit and an outpatient follow-up programme. The inpatient component admits children and adolescents who can not be dealt with on an ambulatory basis, and require a short admission for assessment and/or crisis intervention.

2.2 Goals/intent of programme:

The primary goal of 3W is prompt and successful community reintegration, and crisis-oriented follow-up, as staffing permits.

2.3 Number of patient/client positions (capacity of programme):

At present, FW3 has 6 inpatient beds and outpatient follow-up.

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Child Psychiatrists | 0.5 |
| Psychiatry Residents | 1.0 |
| Psychologist | 1.0 |
| Occupational Therapist | 1.0 |
| Social Worker | 1.0 |
| Head Nurse | 1.0 |
| Nurses | 7.0 EFT |
| Child Care Workers | 2.0 |

2.5 Average length of patient/client stay:

The average length of patient stay for the inpatient component is 7-10 days. After discharge, suicidal patients are followed for one year with follow-up telephone calls. Other individuals/families are followed for three months.

3.0 Population Served:

3.1 Total cases per year:

About 150 patients per year.

3.2 Age group of patient/client:

About 5 to 16

3.3 Most frequent diagnoses/psychopathologies treated:

Suicidal (75%)
Attention Deficit Disorder
Conduct Disorder/Aggressive Behaviour
Psychosis
Psychosomatic Problems (Anorexia Nervosa, Asthma, Diabetes)
Onocology cases
Parent-Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

a) for psychiatric emergencies:

Name: Crisis and Community Intervention Unit
Address: 685 William Ave.
Phone number: 787-2625 or 787-2626

or

Name: Children's Hospital Emergency Department
Address: 840 Sherbrook Street
Phone number: 787-4244

b) for inpatient assessments:

Name: Tom Roche (social worker)
Address: 685 William Ave.
Phone number: 787-2480

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

a) for psychiatric emergencies:

No special information is required at point of intake.

b) for inpatient or day treatment assessments:

Intake meeting is arranged to discuss information required.

4.2.2 Description of intake process:

a) for psychiatric emergencies:

All patients are admitted through Children's Hospital Emergency. The focus of the admission is mainly case management, crisis intervention, and follow-up of recommendations by the team.

b) for inpatient or day treatment assessments:

An intake meeting is arranged with the referral sources, the family and the child. The reasons for the assessment are discussed.

4.2.3 Programme admission/exclusion criteria:

Age restrictions only.

4.2.4 Average waiting time from time of intake to first direct contact:

a) for psychiatric emergencies:

There is immediate initial direct contact after intake.

b) for inpatient or day treatment assessments:

The waiting period between initial contact and admission is variable, and depends on the availability of beds.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

1.0 Programme Name:

B) CHILD PSYCHIATRY DAY TREATMENT PROGRAMME

2.0 Programme Description:

2.1 General description:

Provides a 12-week placement for school-age children with Autism or Pervasive Developmental Disorders, or who demonstrate the substantial disorders in language development and social relationships characteristic of these disorders.

Children attend for four half-day sessions per week, and must be accompanied by a teacher or paraprofessional. Children attend their home schools for the remainder of the week. Program recommendations are made by a multi-disciplinary team which includes a teacher, a psychiatric nurse, a social worker, and an occupational therapist. In-school support may be provided during afternoons by the teacher. In-home support may be provided during afternoons or evenings by the nurse and/or occupational therapist.

2.2 Goals/intent of programme:

The placement is designed to provide:

1. orientation and training for paraprofessionals

2. specific programming recommendations in areas related to school activities

3. specific programming recommendations in areas related to home activities

2.3 Number of patient/client positions (capacity of programme):

2 - 3

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Psychiatrist | 0.2 |
| Social Worker | 0.25 |
| Teacher | 1.0 |
| Occupational Therapist | 0.5 |
| Nurse | 0.7 |

2.5 Average length of patient/client stay:

3 months + follow-up in school

3.0 Population Served:

3.1 Total cases per year:

8 - 12

3.2 Age group of patient/client:

5-13 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Not applicable as programme only admits children with the diagnosis of Pervasive Developmental Disorder.

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Vivian Kachanoski
Address: Department of Social Work
685 William Ave.
Winnipeg, Manitoba
Phone number: 787-2481

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Previous assessments.

4.2.2 Description of intake process:

4.2.3 Programme admission/exclusion criteria:

Children living anywhere in the Winnipeg area may attend. The program is supported by the Health Sicneces Centre and by Manitoba Education. There are no costs to School Divisions other than transportation and paraprofessional or teacher salary. The child must demonstrate significant developmental delays, particularly in the areas of language development and social relationships. the child must be

accompanied by teacher or paraprofessional. A child's diagnosis must be Pervasive Developmental Disorder, rather than Mental Retardation.

2.4 Average waiting time from time of intake to first direct contact:

2 - 3 weeks

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Twelve-week program modules begin in September, January and April.

1.0 Programme Name:

C) CHILD PSYCHIATRY NEUROPSYCHIATRY PROGRAMME

2.0 Programme Description:

2.1 General description:

The programme consists predominantly of consultations to professionals who have previously assessed the child and require a psychiatric assessment and/or neuropsychological evaluation to form a diagnosis and/or treatment plan. Brief individual and family therapy is offered for selected cases. Neuropsychological follow-up evaluations of children who have suffered head injuries or cerebral surgery are also provided.

2.2 Goals/intent of programme:

2.3 Number of patient/client positions (capacity of programme):

variable

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Psychiatrist | Part-time |
| Psychologist | Part-time |
| Teacher | Part-time |
| Psychiatry Resident | Part-time |
| Psychology Intern | Part-time |
| Occupational Therapist | Part-time |
| Social Worker | Part-time |

2.5 Average length of patient/client stay:

1) Most patients are seen solely for assessments. The time taken to complete the assessments is variable.

2) Brief treatments are offered on a limited basis. They are usually less than six months in duration.

3) Follow-ups for selected cases are offered on an open-ended basis, as indicated.

3.0 Population Served:

3.1 Total cases per year:

20

3.2 Age group of patient/client:

0 - 17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Pervasive Developmental Delay
Epilepsy
Migraine
Attention Deficit Disorder
Mental Retardation
Specific Developmental Disorders
Head Injury/Organic Brain Syndrome
Conduct Disorders
Parent-Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Sharon Shaydak (Secretary)
Address: Health Sciences Centre
685 William Ave.
Winnipeg, Manitoba
Phone number: 787-2469

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Previous assessments.

4.2.2 Description of intake process:

The family is asked to fill out forms requesting demographic information.

4.2.3 Programme admission/exclusion criteria:

Only children with cerebral dysfunction and/or neuropsychological dysfunction are admitted to the programme.

4.2.4 Average waiting time from time of intake to first direct contact:

4 - 12 weeks

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Immediate if opening available.

1.0 Programme Name:

D) CHILD AND ADOLESCENT PSYCHIATRY OUTPATIENT SERVICES

2.0 Programme Description:

2.1 General description:

The Child and Adolescent Psychiatry Out-patient Department will be involved with a wide range of the child and adolescent psychiatry population.

Our program will emphasize the psychodynamic development model. Multi-disciplinary team representation/consultation will enable access to a range of therapeutic modalities. Staff must be prepared to acquire the necessary knowledge from the literature and seminars to become conversant with the basic theories used in the understanding of child and adolescent development and its deviations.

It is necessary to develop an understanding of the family dynamics in order to offer help to those families in difficulty with their children and/or adolescents, as this patient population is dependent on their immediate families for physical and emotional well being.

2.2 Goals/intent of programme:

1) To provide child and adolescent assessment.

2) To provide a liaison with other child and adolescent families within the community.

3) To participate in the coordination of child and adolescent programs and services within the Health Sciences Centre.

4) To identify developmental deviations and begin correcting the specific difficulties so the child or adolescent can continue along his/her developmental path.

5) To identify problems within the patients families and provide appropriate interventions.

6) To provide education and clinical experience to students from various professional disciplines in a psychodynamic milieu.

7) To develop research interest, proposals and projects from various disciplines to maintain

and develop the standards of our work. Ex.: to demonstrate the therapeutic validity and cost-effectiveness or out-patient department dynamic psychotherapy.

2.3 Number of patient/client positions (capacity of programme):

2.4 Number of staff positions by discipline:

1. Current Staffing for the Out-patient Department:

0.5 psychiatrist (Dr. E. Maia)
3.4 nurses (C. Lucas, L. Humphreys, S. Abbott and H. Allison)
1.5 psychiatric residents (currently Dr. W. Fleisher and Dr. M. Teillet)
1.0 social worker (C. McArton)
0.8 teacher (C. Cheadle)
0.7 O.T. (L. Austin)

2. Long Range Staffing for the Out-patient Department:

1.0 psychiatrist (2 half time psychiatrists)
2.0 psychiatric residents (2 full time residents
4.0 nurses
0.5 psychologist
1.0 social worker
1.0 teacher
1.0 O.T.

3. Administration of Program:

The team will be headed by a medical leader. Non-medical staff are responsible to their medical head in clinical responsibilities and to their discipline director or delegate for professional responsibilities.

Regular meetings will include intake meetings, clinical case reviews, network meetings, teaching rounds and supervision.

3.0 Population Served:

A) <u>SOURCE OF PATIENTS</u>

1) Emergency Departments and Consult/Liaison Service, Health Sciences Centre.

2) Pediatricians, General Practitioners, Physicians and Community Services.

3) In-patient and Mental Health Professionals.

4) Rural Agencies, Northern Medical Services, Community Mental Health Workers.

5) Family and self-referral.

B) CATCHMENT AREA

1. Health Sciences Centre primary patient population.

2. City of Winnipeg.

3. Province of Manitoba.

4. Northwest Ontario.

Health and Welfare Canada Guidelines for child and adolescent services for out-patient loads in catchment populations of 100,000 estimate that 4,000 would require some type of Mental Health Service.

3.2 Age group of patient/client:

1. Age 0-18

2. Patient presenting with any of the symptoms of diagnosis listed in the DSM III-R with adequate family or community supports to manage in the community.

TREATMENT MODEL

The out-patient treatment team functions as the main clinical unit of the out-patient area.

It is accountable and responsible for the disposition and assignment of intakes, treatment, referral, continuity of care, discharge and evaluation.

It must address itself to both child and adolescent psychiatry.

It is multi-disciplinary with a medical leader.

The treatment modalities will consist of individual, family and group psychodynamics.

4.0 Intake process:

A. Intake:

Referrals will come from the referral source. One member of the team is responsible for intakes.

B. Assessment:

1. Staff member will be given the responsibility to assess patient and family.

2. Psychiatric assessment must include: entrace complaint, history of present illness, past history, family history, school history, social and developmental history, mental status examination, formulation, diagnosis, recommendations and family assessment. Other reports could be included selectively, ex.: psychological, educational, neurological, or O.T. testing.

3. When completed the staff member will present assessment to the treatment team to decide on disposition.

C. Treatment:

1. If treatment by the team (individual or group is recommended a staff member will be assigned to assume the responsibility.

2. The treatment plans will be drawn up by the treatment team. The assigned staff members will be responsible for carrying out treatment plans.

3. The treatment team will have weekly meetings at which systematic review of all clinical cases and the issues raised are discussed. this meeting serves as an educational experience as well as meeting clinical and administrative objectives.

4. All psychiatric assessments and treatment of patients and families by residents and non-medical staff will be supervised by the medical director individually or in a group process as required or available.

5. Progress notes must be written on each patient after each visit with the therapist (see guidelines).

6. There will be on-going re-evaluation of each treatment case.

7. When a case is terminated this must be clearly recorded and a discharge summary written.

D. Discharge:

The staff member responsible for a case should bring it to the treatment team to discuss the patient's discharge when he/she feels that this is appropriate. After discussion the staff member will be responsible for carrying out the decision made by the treatment team. He/she will also be responsbile for writing a discharge summary (see guidelines) and other discharge communication deemed necessary.

4.2.2 Program admission/exclusion criteria:

Children, adolescents and their families who are felt to be in need of psychiatric intervention on an out-patient basis will be offered group, individual or family intervention as indicated. A range of other treatment modalities will be available to be specifically applied as indicated following team discussion.

EDUCATION:

Competency based orientation program with special focus on development and psychopathology: psychotherapeutic assessment technique of individuals and families, psychotherapeutic techniques for children and adolescents. On-going staff development through teaching rounds, seminars and clinical supervision.

RESEARCH AND EVALUATION

Research and evaluation will be carried out in order to obtain information for administrative and operational purposes. There shall be a documentation of on-going therapeutic interventions as well as a measurment of therapeutic outcomes.

A. 1. The initiation of the data base (see appendix "A") will be the responsibility of the intake worker (to fill in priority questions only as indicated on the data base by an *) (Data Base Part I).

2. When decision for treatment has been made by the treatment team the staff assigned to carry out treatment will then be responsible for all intervention measurements (Data Base Part II). (To be filled in after each appointment).

3. The therapist is responsible to fill in discharge data at time of discharge (Data Base Part III).

B. 1. Systems, outcome and follow-up data to be collected by the research staff.

1.0 Programme Name:

E) PRE-SCHOOL CONSULTATION SERVICE FOR CHILDREN WITH AUTISM

2.0 Programmme Description:

2.1 General Description:

This service provided both didactic in-service training and on-site consultations to daycares which are prgramming for autistic pre-schoolers.

2.2 Goals/intent of programme:

1) To teach child care workers and families about Autism.

2) To provide training in specific intervention strategies.

3) To develop an individualized programme which can be implemnted, within a regular daycare setting.

2.3 Number of patient/client positions (capacity of programme):

3 children per cycle (12 week rotation)

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Psychiatrist | .1 |
| Social Worker | .4 |
| Nurse | 1.0 |

2.5 Average length of patient/client stay:

Consultation is of 12 week duration. Follow-up and group work extends beyond this 12 week period.

3.0 Population Served:

3.1 Total cases per year:

9 - 12 cases

3.2 Age group of patient/client:

2 - 6 years

3.3 Two most frequent diagnoses/psychopathologies treated:

1) Pervasive Developmental Disorder (Autism)
2) Pervasive Development Disorder - NOS

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Della Beattie
Address: Department of Social Work
685 William Avenue
Winnipeg, Manitoba
Phone Number: 787-2481

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Case prioritization done in consultation with Child Development Clinic.

Written referral with copies of previous assessment received from Child Development Clinic pediatrician.

4.2.2 Description of intake process:

Intake conference held at Day Care, including family, Day Care staff, Day Care coordinator, Child Development Counsellor (from Health and Family Services), Family Services worker, and Health Sciences Centre staff.

4.2.3 Programme admission/exclusion criteria:

Only children with Pervasive Developmental Disorders are served. Children must be in day care program, with one-to-one staff grant in place (from Special Needs, Day Care Office0. Day Care must be willing to participate.

4.2.4 Average waiting time from time of intake to first direct contact:

Up to 12 weeks, depending upon timing of referral.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:
2 - 3 weeks

## II. WITHIN ADULT PSYCHIATRY SERVICES

Some adult psychiatry services see children and/or adolescents as part of their overall service mandate, as described briefly below. However, none of these services have been specifically designed to service children or adolescents. They are seen within the adult psychiatry system in one of three ways:

1) An older adolescent may be a patient of a General Hospital or Women's Hospital medical department, such as Adult Emergency , Medicine, Surgery, Obstetrics, etc. When indicated, these departments then consult with the appropriate adult psychiatric service. The adult psychiatric consultant then sees the adolescent and may then refer the adolescent to an adult psychiatric service, predominantly an inpatient unit or STAT unit.

2) The patient may be referred to a specific adult psychiatry programme such as the Eating Disorders Programme whose admission criteria are based more on diagnostic than age considerations.

3) The child or adolescent may be seen in Family Therapy in the Adult Outpatient Department. In this case, the identified patient is an adult family member, usually a parent.

Because the adult psychiatry programmes have not been specifically designed to service children or adolescents, inventory questions are not answerable, either because they are not applicable, or because statistical information is not readily available.

## MANITOBA ADOLESCENT TREATMENT CENTRE
## INVENTORY OF SERVICES

The Manitoba Adolescent Treatment Centre (MATC) is a community based treatment facility that provides psychiatric services to adolescents and their families. Professional education, public education and community resource development services are also provided.

Psychiatric treatment for adolescents occurs in: A) Long-Term Residential Programmes, B) Day Treatment, C) Assessment Programme, D) Respite Unit Programme, E) Community Follow-Up and F) Consultation.

Comprehensive programming is provided by a multidisciplinary staff component of approximately 100 employees.

1.0 Programme Name:

A) LONG-TERM RESIDENTIAL PROGRAMME AND DAY TREATMENT PROGRAMME

2.0 Programme Description:

2.1 General description:

The Long-Term Residential and Day Treatment Programme offer a therapeutic milieu to adolescents with severe psychiatric disturbances who require a 24 hour a day, or day-time treatment programme.

2.2 Goals/intent of programme:

To provide a continuum of treatment services to adolescents with severe psychiatric disturbances in cooperation with the community resource network.

2.3 Number of patient/client positions (capacity of programme):

16 long term beds in the Residential Programme and 30 positions in the Day Treatment Programme.

2.4 Number of staff positions by discipline:

Psychiatrists
Psychologists
Community Mental Health Workers
Occupational Therapists
Day Treatment Workers

Team Coordinators
Nurses
Treatment Workers
Teachers and Teacher's Aides
(through Montcalm School Winnipeg School Division No. 1)

2.5 Average length of patient/client stay:

Average length of stay three to six months.

3.0 Population Served:

3.1 Total cases per year:

Approximately 120

3.2 Age group of patient/client:

12 - 18 years, with an average age of 15 years.

3.3 Ten most frequent diagnoses/psychopathologies treated:

Schizophrenic Disorder
Depression/Suicidal
Personality Disorder
Learning Disability
Adjustment Disorder
Tourette Syndrome
Dysthymic Disorder
Child Abuse
Parent/Child Problems

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Liaison and Admissions Coordinator
Address: 120 Tecumseh St.
Winnipeg, Manitoba, R3E 2A9
Phone number: 477-6391

Referrals from rural and northern Manitoba may be channeled through the regional worker with Child and Adolescent Mental Health Services (see page 11).

Referrals can also be made directly to the Liaison and Admissions Coordinator.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Referrals should include where possible, a comprehensive data base and previous assessments completed, as outlined on the referral forms obtainable from the Liaison and Admissions Coordinator.

4.2.2 Description of intake process:

Once a completed referral form is submitted, a multi-disciplinary committee will review all appropriate referrals and prioritize admissions on the basis of:

a) severity of presenting problems
b) availability of appropriate community resources, and,
c) current complement of clients.

Notification of the committee's decision will be given within one week of the meeting.

4.2.3 Programme admission/exclusion criteria:

If the referral source wishes to appeal the Admissions and Prioritization Committee decision, please contact the Liaison and Admissions Coordinator and request to attend the next Admissions and Prioritization Committee where they are welcome to discuss their concerns.

4.2.4 Average waiting time from time of intake to first direct contact:

Depending on availability of program space and severity of client problem.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

Once the adolescent has been accepted into the programme, s/he will participate in an assessment period (approximately 3 weeks) to determine the client's needs for M.A.T.C.'s programme.

Prior to, or on the day of admission, a conference will be scheduled to plan and prepare for the adolescent's entry into the programme. This conference will include staff, the adolescent, family, referral source, and relevant community professionals.

1.0 Programme Name:

B) ASSESSMENT/RESPITE PROGRAMMES

2.0 Programme Description:

2.1 General description:

The Assessment Unit offers a therapeutic milieu to adolescents who have been pre-screened, medically cleared and require acute psychiatric assessment. It also accommodates adolescents who were previously in the Residential Programme and Day Treatment Programme and who require acute psychiatric intervention or respite services.

2.2 Goals/intent of programme:

To provide assessment of adolescents, in cooperation with the community resource network.

2.3 Number of patient/client positions (capacity of programme):

9 Assessment/Respite

2.4 Number of staff positions by discipline:

A multi-disciplinary team provides individual programming for all clients in MATC. The Assessment Unit's team consists of a psychiatrist, psychologist, C.M.H.W. (A)s, Bridging/Assessment teachers through Montcalm School, Occupational Therapists as needed, Nurses, and Treatment Workers.

2.5 Average length of patient/client stay:

4 weeks

3.0 Population Served:

3.1 Total cases per year:

approximately 100

3.2 Age group of patient/client:

12 -18 years, average age of 15 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Dysthymic Disorder
Depressive/Suicidal
Child Abuse
Schizophrenic Disorder
Personality Disorder
Adjustment Disorder
Conduct Disorder
Parent Child Problems
Learning Disability
Other presenting problems may require assessment or respite services.

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

| | |
|---|---|
| Name: | Liaison and Admissions Coordinator |
| Address: | 120 Tecumseh St. |
| | Winnipeg, Manitoba, R3E 2A9 |
| Phone number: | 477-6391 |

Referrals can be made directly by the family of the adolescent requiring treatment, or through a professional in the community.

4.2 Intake Process:

Please refer to Section 4.0 of the Long-Term Treatment Programme and Day Treatment Programme (page 54).

1.0 Programme Name:

C) COMMUNITY FOLLOW-UP

2.0 Programme Description:

2.1 General description:

Clients who are involved with the Manitoba Adolescent Treatment Centre Residential, and Day Treatment Programs may be transferred into Community Follow-Up. Community Follow-Up is a support service provided by Community Mental Health Workers for Adolescents.

2.2 Goals/intent of programme

To provide support, therapy, and assist with the client reintegration into the community.

1.0 Programme Name:

D) COMMUNITY ASSESSMENT CONSULTATION AND PUBLIC EDUCATION

2.0 Programme Description:

2.1 General description:

Assessment, Consultation and Public Education services are provided on a limited basis to agencies, schools and parents, upon request, on psychiatric adolescent issues.

2.2 Goals/intent of programme:

To facilitate the development of an adequate resource base for adolescents who are psychiatrically disturbed in Manitoba. Also, to promote public awareness and understanding of issues in adolescent mental health.

## PRIVATE PRACTICE PSYCHIATRISTS (WINNIPEG)

Currently there are approximately 19 psychiatrists who are known as having a private practice in which some of the identified patients are children and adolescents.

Referrals can usually be made to the Psychiatrists directly (consult the telephone directory) or via family doctors, and other child/adolescent agencies and services.

There are usually waiting lists to access these services.

Approximately 1000 children and adolescents are seen by these Psychiatrists in their private practice per year.

## ST. BONIFACE GENERAL HOSPITAL
## INVENTORY OF SERVICES

1.0 Programme Name:

A) ADOLESCENT INPATIENT ASSESSMENT UNIT

2.0 Programme Description:

2.1 General description:

This service for male and female adolescents is an intermediate care facility providing assessment, treatment and post-discharge treatment recommendations to referring agencies. Follow-up, Day Hospital and Outpatient services, reflecting a continuum of care, are also an essential part of the programme.

2.2 Goals/intent of programme:

The service has a family/child/community orientation. We believe this orientation leads to the most effective service delivery model for adolescents. It is our belief the adolescent must not be treated in isolation from family and home community.

2.3 Number of patient/client positions (capacity of programme):

7 beds for male/female adolescents

2.4 Number of staff positions by discipline:

24 hour care by nurses supported by multidisciplinary staff

2.5 Average length of patient/client stay:

8 - 12 weeks

3.0 Population Served:

3.1 Total cases per year:

22 - 26

3.2 Age group of patient/client:

13 - 17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Affective Disorders
Psychotic Disorders
Identity Disorders
Anxiety Disorders
Eating Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Intake Secretary
Address: 409 Tache Ave.
Winnipeg, MB.
R2H 2A6
Phone number: 237-2690

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Child/Adolescents name, birth date, address, and phone number. Also provide source of referral, name of contact person, address and phone number of contact person.

The Intake Secretary will send out a referral form.

4.2.2 Description of intake process:

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Adolescent Inpatient Assessment Unit is 6 - 8 weeks from initial contact to point of entry.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

1.0 Programme Name:

B) ADOLESCENT DAY HOSPITAL PROGRAMME

2.0 Programme Description:

2.1 General description:

The Adolescent Day Hospital provides intensive therapeutic and educational programming for adolescents while maintaining them in the community.

2.2 Goals/intent of programme:

Refer to Adolescent Inpatient Assessment Unit.

2.3 Number of patient/client positions (capacity of programme):

8 adolescents

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Occupational Therapist | Part-time |
| Nurse | Part-time |
| Teacher | Part-time |
| Social Worker | Part-time |
| Psychologist | Part-time |
| Psychiatric Consultant | Part-time |

2.5 Average length of patient/client stay:

12 months

3.0 Population Served:

3.1 Total cases per year:

18 - 20

3.2 Age group of patient/client:

15 - 17 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Anxiety Disorders
Conduct Disorders
Dysthymic Disorders and other Affective Disorders
Personality Disorders in which there are environmental supports and internal recognition of stress.
Psychotic Disorders, in the resolving phase.
Adjustment Disorders, including physical or sexual abuse.
Eating Disorders
Identity Disorders

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Refer to Adolescent Inpatient Assessment Unit.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Refer to Adolescent Inpatient Assessment Unit.

4.2.2 Description of intake process:

Refer to Adolescent Inpatient Assessment Unit.

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Adolescent Day Hospital Programme is one month from initial contact to point of entry.

4.2.5 The average waiting period between completion of assessment to the beginning of treatment:

1.0 Programme Name:

C) ST. BONIFACE GENERAL HOSPITAL ADOLESCENT CRISIS CARE

2.0 Programme Description:

M2 Service to the Adolescent Day Hospital and Outpatient Programs.

2.1 General description:

Adolescent crisis admission in an acute adult inpatient unit.

2.2 Goals/intent of programme:

To provide short-term emergency inpatient care and crisis intervention for adolescents currently enrolled in the day hospital and outpatient programmes at St. Boniface General Hospital.

3.0 Population Served:

Adolescents in crisis currently enrolled in the adolescents day hospital and outpatient programs.

4.0 Referral Process:

Patients in crisis referred to M2 psychiatrists by clinicians servicing the adolescent day hospital and outpatient programs.

1.0 Programme Name:

D) CHILD & ADOLESCENT PSYCHIATRY OUTPATIENT DEPART.

2.0 Programme Description:

2.1 General description:

The St. Boniface General Hospital Child and Adolescent Outpatient Department provides children and their families with outpatient assessment and treatment by a multidisciplinary staff.

2.2 Goals/intent of programme:

The goal of the programme is to enhance individual and family functioning in their own sociocultural setting and thereby prevent any further disruption in their lives.

2.3 Number of patient/client positions (capacity of programme):

N/A

2.4 Staff positions by discipline:

| | |
|---|---|
| Psychiatrist | Part-time |
| Social Worker | Part-time |
| Psychologist | Part-time |
| Occupational Therapist | Part-time |

2.5 Average length of patient/client stay:

Duration of treatment ranges from a few weeks to several months.

3.0 Population Served:

3.1 Total cases per year:

3.2 Age group of patient/client:

1 - 18 years

3.3 Ten most frequent diagnoses/psychopathologies treated:

Parent-Child Problems
Conduct Disorders
Identity Disorders
Anxiety Disorders
Sexual Abuse
Tourette Syndrome

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Name: Intake Secretary
Address: M-1 South, McEwen Building
Department of Psychiatry
St. Boniface Hospital
409 Tache Ave.
Winnipeg, MB.
R2H 2A6
Phone number: 237-2690

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

After initial contact with the intake secretary a brief questionnaire is mailed to the referral source.

4.2.2 Description of intake process:

Following the receipt of the informational questionnaire an appointment will be arranged for the child, family and any other relevant individual to attend an intake interview.

4.2.3 Programme admission/exclusion criteria:

Adolescents accepted for assessment should have no legal charges pending and be sufficiently stable to make use of outpatient services.

4.2.4 Average waiting time from time of intake to first direct contact:

The average wait prior to direct contact is in the order of several weeks.

4.2.5 The average waiting period between completion of assessment to the beginning of treatment:

In the great majority of cases treatment follows immediately upon completion of the assessment. When this is not possible it is made clear at the outset of the assessment and assistance is provided in finding treatment resources.

1.0 Programme Name:

E) TOURETTE SYNDROME (TS) CLINIC

2.0 Programme Description:

2.1 General description:

The Tourette Syndrome Clinic treats or assesses children, adolescents, and young adults with Tourette Syndrome.

2.2 Goals/intent of programme:

2.3 Number of patient/client positions (capacity of programme):

2.4 Number of staff positions by discipline:

| | |
|---|---|
| Occupational Therapist | Part-time |
| Social Worker | Part-time |
| Psychologist | Part-time |
| Psychiatric Consultant | Part-time |

2.5 Average length of patient/client stay:

Patients remain in contact with the Clinic in some capacity throughout their lives.

3.0 Population Served:

3.1 Total cases per year:

60

3.2 Age group of patient/client:

Children through to young adults

3.3 Ten most frequent diagnoses/psychopathologies treated:

Not Applicable

4.0 Referral Process:

4.1 Contact (intake worker or equivalent):

Refer to Adolescent Inpatient Assessment Unit.

4.2 Intake Process:

4.2.1 Information required from referral source at time of intake:

Refer to Adolescent Inpatient Assessment Unit.

4.2.2 Description of intake process:

Refer to Adolescent Inpatient Assessment Unit.

4.2.3 Programme admission/exclusion criteria:

4.2.4 Average waiting time from time of intake to first direct contact:

The average waiting list for the Tourette Syndrome Clinic one month from initial contact to point of entry.

4.2.5 Average waiting period between completion of assessment to the beginning of treatment:

CoCAPS Child and Adolescent Research Inventory

## Introduction

The CoCAPS Child and Adolescent Research Inventory was compiled by the Research Committee of CoCAPS to try to encourage the sharing of information relevant to child and adolescent mental health in Manitoba.

This inventory contains either citations of recently published work and/or working titles for research-in-progress.

Should you wish to contribute information for inclusion in future editions of this inventory please forward to:

CoCAPS Research Committee
C/O Room 305-1200 Portage Ave.
Winnipeg, MB
R3G 0T5

## 1.0 HEALTH SCIENCES CENTRE

| Project Title | Investigators |
|---|---|
| Assessment of Peer Relationships in Adolescent In-Patients | Stelzer, J. & Kohuska, H. |
| Cognitive and Psychological Variability in Fragile X | de von Flindt, R. & Chudley, A. |
| * Cogntive Variability in Fragile X Syndrome | Chudley, A.E., de von Flindt, R. & Hagerman R.J. |
| * A Continuous-care Model in Crisis Intervention for Children and Adolescents | Stlzer, J. & Elliot, C.A. |
| Crisis Intervention and Outcome in a Group of Adolescents and Children with Suicidal Tendencies | Cheyne, L. & Stelzer, J. |
| Cytogenetic Investigation of Children with Attention Deficit Disorder with Hyperactivity (ADD-H) | Ray, M., Elliot, C. & Inayatulla,M. |
| Emotional, Cognitive, and Language Assessment in Low Birth Weight Infants at 1, 2, 3, and 4 years | Panikkar, H., Alexander, P., Thiesen, V., Casino, O., & Roche, T. |
| Evaluation of the Inpatient Child and Adolescent Suicide Program | Elliot, C., Stelzer, J., Cheyne, L.& Wilson, K. |
| Family Processes with Chronically Ill Children | Scyner, L., Roche, T., Walker, B., Elliot, C., & Selzer, J. |
| * FRA(2)(q13) and INV(9)(p11q12) in Autism: Casual Relationships? | Jayaker, P., Chudley, A.E., Ray, M., Evans, J.A., Perlov, J., & Wand, R. |
| Program Evaluation of a Child and Adolescent Crisis Unit | Elliot, C., Stelzer, J., Cheyne, L., Inayatullah,M., & Wilson, K.G. |

| Project Title | Investigators |
|---|---|
| Retrospective Suicide Study | Stelzer, J., Stelzer, N., Inayatulla, M., Cheyne, L., & Elliot, C. |
| Stress and Coping in Adolescent Parasuicide | Wilson, K., Stelzer, J., Kral, M., Elliot, C., & Inayatulla, M. |
| Stressful Life Events in Suicidal Children and Adolescents | Elliot, C., & Stelzer, J. |
| Study of Chromosome Abnormalities in Newborns | Evans, J., de von Flindt, R., Greenberg, C., & Hamerton, J. |
| A Survey of Manitoba High School Students' Contact with Suicide | Elliot, C., & Kral,M. |
| Very Low Brith Weight Infants: the the New Mobidity | Casiro, O., Kamaya, V., Moddenmann, D., & Stanwick, R. |
| *Youth Suicide: Ethical and Legal Issues | Elliot, C.A. |

* = denotes publication

## 2.0 BROKEN ARROW CLINIC

| Project Title | Investigators |
|---|---|
| Child-Adult Interaction in Ojibwa Families | Blue, A.W. |
| The Function of Crowding on Psychopathology of Native Children | Blue, A.W. |
| Identity Problems in Native Pre-school Children | Blue, A.W. |
| Suicide Patterns of Native Children: An Analysis of theSocial Pattern in Home and Community | Blue, A.W. |
| William: the Child of Two Souls: A Morley & Longitudinal Epidemiological Study of Emotional Distress in Indian Children | Blue, A.W., Beisir, Sak |

## 3.0 UNIVERSITY OF MANITOBA

### 3.1 DEPARTMENT OF PSYCHOLOGY

| Project Title | Investigators |
|---|---|
| *Evaluation of Paediatric-M., Psychology Liaison in Private Medical Practice | Wersh, J. Stambrook, Goszer Tritt, S., & Thomas, M.R. |
| *Providing Psychological Services S., in a Private Paeddiatric Setting: Development of a Model | Wersh, J., Tritt, Stambrook, M., & Dushenko, T. |

### 3.2 DEPARTMENT OF PSYCHIATRY

| Project Title | Investigators |
|---|---|
| *A Psychometric Investigation of Gender-Tilted Families: Implications for Family Therapy | Falconer, Clark W., Wilson, Keith T., & Falconer, Johan |

### 3.3 DEPARTMENT OF COMMUNITY HEALTH SCIENCES

| Project Title | Investigators |
|---|---|
| Behavioural and Developmental Effects of Iron in Infancy | Moffatt, M. & Longstaffe, S. |
| *Improvements in Self-Concept After Treatment of Enuresis: A Randomized Clinical Trial | Moffatt, M., Cato, C. & Pless, I. |
| *Nocturnal Enuresis: Psychological Implications of Treatment and Nontreatment | Moffatt, M. |
| Utility of the Achenback Child Behaviour Checklist in Identifying Mental Health Problems of Children in Foster Care | Buchel, E., Moffatt, M. & Longstaffe, |

* = denotes publication

## 3.4 CHILD AND FAMILY SERVICE RESEARCH GROUP

| Project Title | Investigators |
|---|---|
| Cross-Sectional Survey-Families with Disabled Children | Trute, Barry |
| Study of Family Care of Disabled Children | Trute, Barry |

## 3.5 ST. BONIFACE HOSPITAL

| Project Title | Investigators |
|---|---|
| A Clinical Investigation of the Withdrawal Emergent Syndrome in Children with Gille de la Tourette's Disease | Fulton, W. |
| Adolescent Day Hospital Program Follow-up Study | Nickel, I. & Zurbin, W. |
| *An Evaluation of TS and Medication use in Canada | Fulton, W., Shady, G., & Champion, L. |
| Attachment Theory and the Dynamics of Incest | Broder, R., & Whitney, D. |
| Conversion Markers of Gender and Status and the Attributional Consequences of those Conversion Markers | Whitney, D. |
| Efficacy of Buspirane in the Treatment of TS | Ross, C., Wand, R., & Shady, G. |
| Efficacy of Parallel Parent and Adolescent Groups in the Treatment of Adolescent Female Victims of Third Party Secual Assault and their Parents/Caregivers | Hartley, S., Whitney, D., & Wener-Altman, P. |
| Identification of Children with TS: Confusion in Diagnosis | Wand, R., Shady, G., & Broder, R. |
| *Intermittent Medication Cessation in Treatment of TS | Fulton, W., Shady, G. & Champion, L. |

* = denotes publication

| Project Title | Investigators |
|---|---|
| Pilot Study on the Utilization of the Bay Area Functional Performance Evaluation with an Adolescent Psychiatric Inpatient Population | Wener-Altman, P., Wolfe, A., & Staley, D. |
| Prevalence of Reported Sexual Abuse Among Adolescent Psychiatric Patients | McVety, M. & Hartley, S. |
| Relationship of Severity of Tourette Symptoms to Individual and Family Functioning | Chamption, L. |
| Sensory Integration and TS | Papadopoulos, R., Broder, R. & Shady, G. |
| Theoretical and Treatment Issues in Sibling Incest | Hartley, S.,.& Shady G. |
| The Use of Strategies by Good and Poor Readers in the Task of Reading Unfamiliar Words | Hartley, S. |
| *Tourette Syndrome & Educational Problems in Canada | Shady, G. Fulton, W., Champion, L. |
| *Tourette Syndrome and Medical Treatment History in Canada | Shady, G., Fulton, W., & Champion, L., & Hubka, G. |
| *Tourette Syndrome and Social Functioning in a Canadian Population | Champion, L., Fulton, W., Shady, G., Champion, L., & Wand, R. |
| *Tourette Syndrome: Impact on Canadian Family Functioning | Hubka, G., Fulton, W., Shady, G., Champion, L. & Wand, R. |
| TS: Early Academic Predictors of Employment Problems During Adulthood | Shady, G., Broder, R., & Schettler, McDonald, K. |
| Functional Status Questionnaire for Adolescents - A Standard-ization Study | Nickel, I. and Stacey, D. |

* = denotes publication

## 4.0 BRANDON UNIVERSITY

### 4.1 DEPARTMENT OF PSYCHOLOGY

| Project Title | Investigators |
|---|---|
| "Predicators of student adjustment at university and community college". American Psychological Association Annual Meetings, New York, Aug.28-Sept.1/87. | Gfellner, B.M. |
| "Dimensions of temperament among native and caucasian preschool Canadian Psychological children". Association Annual Meetings, June 18-20, 1987. | Gfellner, B.M. |
| "Changes in ego and moral development related to gender and reports on parenting style by adolescents". Journal of Adolescence, Vol.9, pp. 281-302, 1986. | Gfellner, B.M. |
| "Age salience in older adults spontaneous self-concept". Perceptual and Motor Skills, Vol. 63, pp.1196-1198, 1986. | Gfellner, B.M. |
| "Adolescents' understanding of sexual behaviour: A model of Alberta Social Services and development". Community Health sponsored conference on Sexuality and Health, Nov.12-14, 1986. | Gfellner, B.M. |
| "Adolescents' concepts of sexual behaviour". Canadian Psychological Association Annual Meetings, Toronto, June 19-21, 1986. | Gfellner, B.M. |
| "Reliability and Validity of sexual behaviour concepts". First Biennial Meetings of the Society of Research in Adolescence. Madison, Wisconsin, March 20-22, 1986. | Gfellner, B.M. |

| Project Title | Investigators |
|---|---|
| "Concepts of sexual behaviour: A developmental model". Journal of Adolescent Research, Vol. 1, No.3, 1986. | Gfellner, B.M. |
| "Ego development and moral development in relation to age and Journal of Youth and and grade level during adolescence". Adolescence, Vol.15, pp.147-163, 1986. | Gfellner, B.M. |
| "Continuity and stability of cognative performance in infancy". British Psychological Society Conference - Developmental Section, University of Exeter, England, 1986. | Cooper, Rachel (Dr.) |
| "The relationship between infant attention and learning, and linguistic and cognitive abilities 8th Biennial Meetings of the at eighteen months and four and a International Society of the half years". Study of Behavioural Development, University Francois Rabelais, Tours, France, 1985. | (With A. Slater, D. Rose, and H. Perry). |
| "Can measures in infancy predict British Psychological Society subsequent intellectual performance?" Conference - Developmental Section, University of Lancaster, 1984. | |